

Chem-Science
Potentially Responsible Party List
104(e) Information Request

Chem Science, Inc. (Del)
Jack Eberwein, President
3727 State Route No. 502
Greenville, Ohio 45331

Dupage Boiler Works, Inc.
c/o Lawrence Fisher, Bankruptcy trustee
30 North LaSalle
Suite 2900
Chicago, IL 60602

Morton Scherl
c/o John A. Meyer
Bartman, Meyer & Barasa
140 South Dearborn Street, Suite 810
Chicago, Illinois 60603

Harlan Woyhan
1707 Orchard Lane
Waukesha, WI 53186

Theodore Levenhagen
10520 W. Woodward Avenue
Milwaukee, WI 53222

Chem Line Corporation
William Goodstein
1000 E. Chicago Ave.
Naperville, IL 60540

Pro-Chem Ltd. Inc.
Thomas Kilbrite
Rock Island, IL 61201

Chem Line Industries, Inc.
Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, DE 19801

Chem Line, Inc.
Donald F. Padaraza, Registered Agent
1208 S. 6th Street
Depere, WI 54115

Pro-Chem Company, Inc.
Corporation Trust Company
Corporation Trust Center
1209 Orange Street
Wilmington, DE 19801

Herman Rollfink
P.O. Box 747
Elm Grove, WI 53122

Chem Science, Inc
c/o Herman Rollfink
P.O. Box 747
Elm Grove, WI 53122

Pro Specialties, Inc.
c/o Herman Rollfink
P.O. Box 747
Elm Grove, WI 53122

W.O.W. Distributing Co., Inc.
W. 238 N 1717
Rockwood Drive
Waukesha, WI 53188

W.O.W. Distributing Co., Inc.
c/o John Shore
Bode, Gross & Carroll
20800 Swenson Drive
Suite 150
Waukesha, WI 53187



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

MAR 20 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

5CS-TUB-3

Pro-Chem Company, Inc.
Corporation Trust Co.
Corp. Trust Center
1209 Orange St.
Wilmington, DE 19801

Re: Request for Information Pursuant to Section 104(e) of CERCLA and Section 3007 of RCRA, for Chem Science, Inc. Site in Germantown, Wisconsin, hereinafter referred to as "the Site."

Dear Sir or Madam:

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Milwaukee, WI 53222

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P 849 590 289
 6029122 (505-T4B-3)
 RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Chem Line Industries, Inc.
 Corporation Trust Co.
 Corp. Trust Center
 1209 Orange St.
 Wilmington, DE 19801

PS Form 3800, June 1985

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

P 849 590 285
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Chem Science, Inc.
 c/o Herman Rollfink
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 Elm Grove, WI 53122

800, June 1985

Certified Fee	85
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P-175 505 823

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TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

PS Form 3800, June 1985

P 144 424 952

GONZALEZ SCS-TUB-3

Chem Science, Inc. (Del)
Jack Eberwein, President
3727 State Route No. 502
Greenville, Ohio 45331

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

PS Form 3800, June 1985

P 144 424 953
GONZALEZ SCS-TUB-3
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Morton Scherl
c/o John A. Meyer
Bartman, Meyer, & Barasa
140 South Dearborn St. Sui
Chicago, IL 60603

Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

PS Form 3800, June 1985

GONZALEZ (SCS-TUB-3)
P 849 590 281

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Pro Specialties, Inc.
c/o Herman Rollfink
P.O. Box 747
Elm Grove, WI 53122

Special Delivery Fee	85
Restricted Delivery Fee	85
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

PS Form 3800, June 1985

P 849 590 287
GONZALEZ (SCS-TUB-3)
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Pro-Chem Company, Inc.
Corporation Trust Co.
Corp. Trust Center
1209 Orange Street
Wilmington, DE 19801

Special Delivery Fee	85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

PS Form 3800, June 1985

P 144 424 947
GONZALEZ SCS-TUB-3
RECEIPT FOR CERTIFIED MAIL

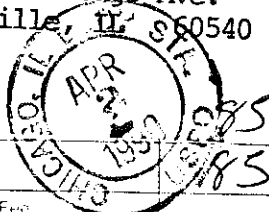
Theodore Levenhagen
10520 W. Woodward Ave.
Milwaukee, WI 53222

Certified Fee	85
Special Delivery Fee	85
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

PS Form 3800, June 1985

P 144 424 944
GONZALEZ SCS-TUB-3
RECEIPT FOR CERTIFIED MAIL

Chem Line Corporation
William Goodstein
1000 E. Chicago Ave.
Naperville, IL 60540

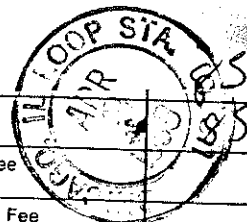


PS Form 3800, June 1985

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

P 849 590 288
GONZALEZ SCS-TUB-3
RECEIPT FOR CERTIFIED MAIL

Chem Line, Inc.
Donald F. Padaraza, Registered Agent
1208 S. 6th Street
Depere, WI 54115

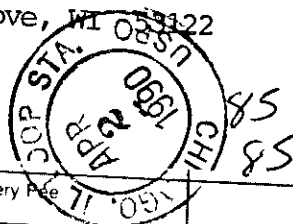


PS Form 3800, June 1985

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

P 849 590 288
GONZALEZ SCS-TUB-3
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

Herman Rollfink
P.O. Box 747
Elm Grove, WI 53122

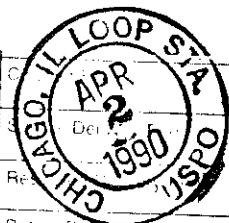


PS Form 3800, June 1985

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

P 144 424 943
GONZALEZ SCS-TUB-3
RECEIPT FOR CERTIFIED MAIL

Pro-Chem Ltd. Inc.
Thomas Kilbride
Rock Island, IL 61201



PS Form 3800, June 1985

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.60
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

4. Article Number

P 849 590 285

Type of Service:

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature — Address

X *H. Rollfink*

6. Signature — Agent

X

7. Date of Delivery

APR 14 1990

Is yr
comple

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Number

P 849 590 281

Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Obtain signature of addressee and **DATE DELIVERED**.

Addressee's Address (ONLY if requested and fee paid)

6. Signature — Agent

X *H. Rollfink*

7. Date of Delivery

APR 14 1990

Pro Specialties, Inc.

c/o Herman Rollfink

P.O. Box 747

Elm Grove, WI 53122

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Upage Boiler Works, Inc.
c/o Lawrence Fisher, Bankruptcy Trustee
30 North LaSalle
Suite 2900
Chicago, IL 60602

Article Number
P144 424 954

Service:
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

Addressee's Address (ONLY if requested and fee paid)

X
6. Signature - Agent
X *D. Mathis*
7. Date of Delivery
4/4/90

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Harlan Woyhan
1707 Orchard Lane
Waukesha, WI 53186

Article Number
P144 424 945

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

8. Addressee's Address (ONLY if requested and fee paid)

X *Harlan Woyhan*
6. Signature - Agent
X
7. Date of Delivery
APR 07 1990

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Borton Scherl
c/o John A. Meyer
Burtman, Meyer & Barasa
10 S. Dearborn St. Suite 810
Chicago, IL 60603

Article Number
P144 424 953

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

8. Addressee's Address (ONLY if requested and fee paid)

b. Signature - Address
X
6. Signature - Agent
X *John A. Meyer*
7. Date of Delivery
4-4-90

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

hem Science, Inc. (Del)
Jack Eberwein, President
727 State Route No. 502
reenville, Ohio 45331

Article Number
P 144 424 952

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

Addressee's Address (ONLY if requested and fee paid)

5. Signature — Addressee
X
6. Signature — Agent
X *Jack Eberwein*
7. Date of Delivery

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

W.O.W. Distributing Co., Inc.
c/o John Shore
Bode, Gross & Carroll
20800 Swenson Drive
Suite 150
Waukesha, WI 53187

Article Number
P 175 505 823

Type of Service:
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

Addressee's Address (ONLY if requested and fee paid)

6. Signature — Agent
X *John Shore*
7. Date of Delivery
APR 04 1990

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

Line, Inc.
J F. Padaraza, Registered Agent
S. 6th Street
e, WI 54115

4. Article Number
P 849 590 288

Type of Service:
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature — Addressee
X
6. Signature — Agent
X *Carol Padaraza*
7. Date of Delivery
4/4/90

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Chem Line Industries, Inc.
Corporation Trust Co.
Corp. Trust Center
1209 Orange St.
Wilmington, DE 19801

Number
P 849590289

Service:
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

Signature of addressee
DATE DELIVERED.

Addressee's Address (ONLY if requested and fee paid)

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
[Signature]

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Theodore Levenhagen
10520 W. Woodward Ave.
Milwaukee, WI 53222

Article Number
P 144 424 947

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

3. Addressee's Address (ONLY if requested and fee paid)

X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
APR 13 1990

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Pro-Chem Ltd. Inc.
Thomas Kilbride
Rock Island, IL 61201

Article Number
P 144 424 943

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature - Addressee
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
4-5-90

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

Thank you for using
Return Receipt Service.

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (extra charge)

Chem Line Corporation
William Goodstein
1000 E. Chicago Ave.
Naperville, IL 60540

4. Article Number 0144 424 944	
Type of Service:	
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid)	
X	
6. Signature — Agent	
X	
7. Date of Delivery	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

UNITED STATES OF AMERICA
MENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN
CHICAGO, IL 60604

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

SCS-TUB-3

WCS

Chem Line Corporation
William Goodstein
1000 E. Chicago Ave.
Naperville, IL 60540

TURNED TO
SENDER

PEARSON CHECKED
Unclassified
Attempted for return
In suitable Address
No such office in state
Do not return in this envelope

Name WCS
1st Notice 4-20
2nd Notice 4-20
Return 4-25

CERTIFIED

P 144 424 944

MAIL

Thank you for using
Return Receipt Service.

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address.
(Extra charge)
2. ☐ Restricted Delivery
(Extra charge)

Pro-Chem Company, Inc. Corporation Trust Co. Corp. Trust Center 1209 Orange Street Wilmington, DE 19801		Article Number P 849 590 287
Service: <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt <input type="checkbox"/> Registered Mail <input type="checkbox"/> Obtain signature of addressee <input type="checkbox"/> and DATE DELIVERED.		Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X 7. Date of Delivery X		

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

OFFICE OF REGIONAL COUNSEL
U.S. E.A. REGION

UNITED STATES OF AMERICA
MENTAL PROTECTION AGENCY

REGION V

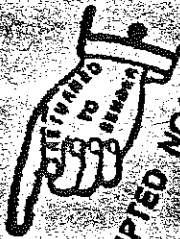
280 SOUTH DEARBORN

CHICAGO, IL 60604

OFFICIAL BUSINESS

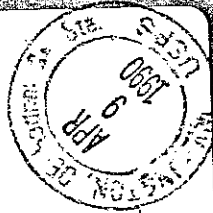
Penalty for Private Use, \$300

505-7418-3



ATTEMPTED NOT KNOWN

Pro-Chem Company, Inc.
Corporation Trust Co.
Corp. Trust Center
1209 Orange Street
Wilmington, DE 19801



For delivery of telegrams to the right
place address in this box

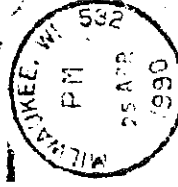
CERTIFIED

P 849 590 287

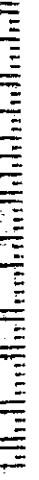
MAIL

BODE, GROSS & CARROLL, S.C.

20800 Swenson Drive, Suite 150
P.O. Box 556
Waukesha, WI 53187-0556



Ms. Maria Gonzalez
Office of Regional Counsel
U.S. Environmental Protection Agency
Region V
230 S. Dearborn Street
Chicago, IL 60604



20800 Swenson Drive, Suite 150
P.O. Box 556
Waukesha, WI 53187-0556

[illegible]

LAW OFFICES OF

BODE, GROSS & CARROLL, S.C.

20800 Swenson Drive, Suite 150

P.O. Box 556

Waukesha, WI 53187-0556

Phone: (414) 797-9907

Fax: (414) 797-8020

May 16, 1990

Ms. Maria Gonzalez
Office of Regional Counsel
U.S. Environmental Protection Agency
Region V
230 S. Dearborn Street
Chicago, IL 60604

RE: Request for Information pursuant to Sec. 104(e) of
CIRCLA and Sec. 3007 of RCRA, for Chem Science, Inc.
site in Germantown, Wisconsin

Dear Ms. Gonzalez:

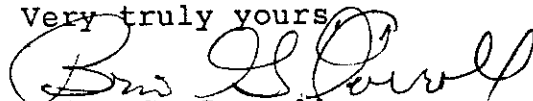
As you know, I previously wrote to you on April 24, 1990 and May 1, 1990 with regard to the above-captioned matter. In my letter of April 24, 1990, I explained that my firm was in receipt of the Request for Information for Harlan Woyahn and Theodore Levenhagen. At that time I advised that the parties were in the process of ascertaining what, if any, conflict of interest might exist between the parties. On May 1, 1990, you granted a 14 day extension to each of the respective parties. At the time you granted the 14 day extension, you advised that we could discuss a further extension if needed.

Please be advised that the parties have now determined that there is, in fact, a conflict of interest in this matter. Please be further advised that Harlan Woyahn and Theodore Levenhagen have retained the services of Bode, Gross & Carroll, S.C. and Godfrey & Kahn, S.C. with regard to this matter. We do not anticipate a need for a further extension on behalf of Mr. Woyahn and Mr. Levenhagen. It is, however, my understanding that WOW Distributing Company, Inc., is in the process of retaining counsel to represent them with regard to this matter. It is, further, my understanding that WOW Distributing Company, Inc., may be seeking a further extension. The extension will be needed due to the identification of the conflict of interest.

Ms. Maria Gonzalez
May 16, 1990
Page 2

I apologize for any delay or confusion with regard to this matter.

Very truly yours,


Brian G. Carroll

BGC:jes

cc: Attorney Richard Reilly
Attorney Arthur Harrington
Attorney Stanley P. Gimbel
Attorney Joseph F. Madrigano
Mr. Harley Woyahn
Mr. Ted Levenhagen
WOW Distributing Company

2344473574

Fr 3:00

2344473574

RECIPIENT'S COPY

Date		RECIPIENT'S COPY	
From (Your Name) Please Print Michael E. Kelly		Your Phone Number (Very Important) (414) 271-1440	
Company GIBBEL KELLY GUERIN & BROWN		Department/Floor No. 5	
Street Address 111 E KILBOURN AVE STE 2400		Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes) 330 SOUTH WABASH STREET	
City MILWAUKEE	State WI	City CHICAGO	State IL
ZIP Required 53202		ZIP Required 60604	
YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE) 4000506/EMT MAHON		IF HOLD FOR PICK-UP, Print FEDEX Address Here Street Address City State ZIP Required	
PAYMENT <input checked="" type="checkbox"/> Bill Sender <input type="checkbox"/> Bill Recipient's FedEx Acct. No. <input type="checkbox"/> Bill 3rd Party FedEx Acct. No. <input type="checkbox"/> Bill Credit Card <input type="checkbox"/> Cash			
SERVICES 1 <input type="checkbox"/> PRIORITY 1 Overnight Delivery 2 <input checked="" type="checkbox"/> COURIER-PAK OVERNIGHT ENVELOPE 3 <input type="checkbox"/> OVERNIGHT BOX 4 <input type="checkbox"/> OVERNIGHT TUBE 5 <input type="checkbox"/> STANDARD Delivery or then business day 6 <input checked="" type="checkbox"/> OVERNIGHT LETTER* 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>		DELIVERY AND SPECIAL HANDLING 1 <input type="checkbox"/> HOLD FOR PICK-UP (Fee in Box 4) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY 3 DELIVER SATURDAY (Extra charge) <input type="checkbox"/> 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 5 <input type="checkbox"/> CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Release Signature Not Applicable) 6 <input type="checkbox"/> DRY ICE _____ Lbs. 7 <input type="checkbox"/> OTHER SPECIAL SERVICE _____ 8 <input type="checkbox"/> 9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge) 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> HOLIDAY DELIVERY (if offered) (Extra charge)	
PACKAGES 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Total Total Total		Emp. No. _____ Date _____ <input type="checkbox"/> Cash Received <input type="checkbox"/> Return Shipment <input type="checkbox"/> Third Party <input type="checkbox"/> Chg. To Del <input type="checkbox"/> Chg. To Hold Street Address _____ City _____ State _____ Zip _____ Received By: X Date/Time Received _____ FedEx Employee Number _____ Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom. Release Signature: _____	
Federal Express Use Base Charges _____ Declared Value Charge _____ Other 1 _____ Other 2 _____ Total Charges _____		PART #111800 REVISION DATE 10/88 PRINTED IN U.S.A. FXEM 009 © 1988 F.E.C.	

LAW OFFICES

GIMBEL, REILLY, GUERIN & BROWN

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KATHRYN A. KEPPEL
AIMEE McHALE NESS
PATRICK J. KNIGHT
C. R. REILLY (1901-1983)

May 31, 1990

Ms. Maria Gonzalez
Office of Regional Counsel
U.S. Environmental Protection Agency
Region V
230 S. Dearborn Street
Chicago, IL 60604

RE: Request for Information pursuant to Sec. 104(e) of
CIRCLA and Sec. 3007 of RCRA, for Chem Science, Inc.
site in Germantown, Wisconsin

Dear Ms. Gonzalez:

As I have advised you in our telephone conversations, I am
assisting Attorney Joseph Madrigano in the preparation of
W.O.W. Distributing, Inc.'s Response to the captioned matter.

We have prepared the Response and are in the process of
assembling the supporting documents. I would expect this task
to be completed early next week.

The Response with attached documents will be in your office
before June 7, 1990.

Thank you for your co-operation.

Very truly yours,

Richard E. Reilly

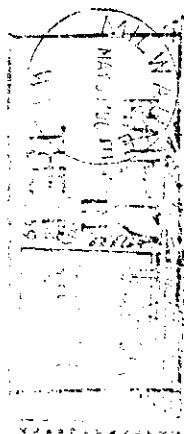
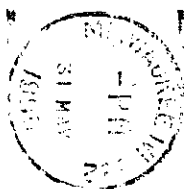
RICHARD E. REILLY

RER:sas
1780M

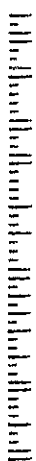
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MILWAUKEE, WISCONSIN 53202




Ms. Maria Gonzalez
Office of Regional Counsel
U.S. Environmental Protection Agency
Region V
230 S. Dearborn Street
Chicago, IL 60604



2344472524

2344472524

RECIPIENT'S COPY

		RECIPIENT'S COPY	
From (Your Name) Please Print Richard E. Reilly		To (Recipient's Name) Please Print Maria Gonzalez	
Your Phone Number (Very Important) (414) 271-1440		Recipient's Phone Number (Very Important) () () () () () ()	
Company GINPEL REILLY GUERIN & BROWN		Company Office of Regional Counsel	
Department/Floor No. 		Department/Floor No. 	
Street Address 111 E KILBOURN AVE STE 2400		Exact Street Address (We Cannot Deliver to P.O. Boxes & R.F.D. Zip Codes) 230 South Dearborn Street	
City MILWAUKEE		City Chicago	
State WI		State IL	
ZIP Required 53202		ZIP Required 60604	

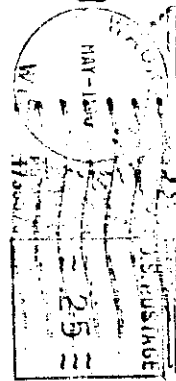
YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here

Better Brands/V.O.V. FIN		Street Address	
PAYMENT <input type="checkbox"/> Bill Sender <input type="checkbox"/> Bill Recipient's FedEx Acct. No. <input type="checkbox"/> Bill 3rd Party FedEx Acct. No. <input type="checkbox"/> Bill Credit Card		City	State
<input type="checkbox"/> Cash		ZIP Required	

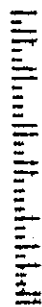
SERVICES		DELIVERY AND SPECIAL HANDLING		PACKAGES	WEIGHT IN POUNDS ONLY	YOUR DECLARED VALUE	OVER SIZE	Emp. No.	Date	Federal Express Use
1 <input type="checkbox"/> PRIORITY 1 Overnight Delivery	6 <input checked="" type="checkbox"/> OVERNIGHT LETTER*	1 <input type="checkbox"/> HOLD FOR PICK-UP (Fill in Box #)						<input type="checkbox"/> Cash Received		Base Charges
2 <input type="checkbox"/> COURIER-PAK OVERNIGHT ENVELOPE*	7 <input type="checkbox"/>	2 <input type="checkbox"/> DELIVER WEEKDAY						<input type="checkbox"/> Return Shipment		Declared Value Charge
3 <input type="checkbox"/> OVERNIGHT BOX	8 <input type="checkbox"/>	3 DELIVER SATURDAY (Extra charge) <input type="checkbox"/>						<input type="checkbox"/> Third Party <input type="checkbox"/> Chg. To Del. <input type="checkbox"/> Chg. To Hold		
4 <input type="checkbox"/> OVERNIGHT TUBE	9 <input type="checkbox"/>	4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge)						Street Address		Other 1
		5 <input type="checkbox"/> CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Reverse Signature Not Applicable)						City	State	Zip
		6 <input type="checkbox"/> DRY ICE _____ Lbs.	Total	Total	Total			Received By:		Other 2
		7 <input type="checkbox"/> OTHER SPECIAL SERVICE _____	Received At					<input checked="" type="checkbox"/>	Date/Time Received	Total Charges
		8 <input type="checkbox"/>	1 <input type="checkbox"/> Regular Stop						FedEx Employee Number	
		9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge)	2 <input type="checkbox"/> On-Call Stop							PART #111800
		10 <input type="checkbox"/>	3 <input type="checkbox"/> Drop Box							REVISION DATE 10/88
		11 <input type="checkbox"/>	4 <input type="checkbox"/> B.S.C.							PRINTED IN U.S.A. FXEM
		12 <input type="checkbox"/> HOLIDAY DELIVERY (if offered) (Extra charge)	5 <input type="checkbox"/> Station							009
5 <input type="checkbox"/> STANDARD AIR Delivery not later than second business day			FEDEX Corp. Employee No.					Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.		© 1988 F.E.C.
*Declared Value Limit \$100.			Date/Time for FEDEX Use					Release Signature: _____		

BODE, GROSS & CARROLL, S.C.
20800 Swenson Drive, Suite 150
P.O. Box 556
Waukesha, WI 53187-0556



RC

Ms. Maria Gonzalez
Office of Regional Counsel
U.S. Environmental Protection Agency
Region V
230 S. Dearborn Street
Chicago, IL 60604



LAW OFFICES OF

BODE, GROSS & CARROLL, S.C.

20800 Swenson Drive, Suite 150

P.O. Box 556

Waukesha, WI 53187-0556

Phone: (414) 797-9907

Fax: (414) 797-8020

May 1, 1990

Ms. Maria Gonzalez
Office of Regional Counsel
U.S. Environmental Protection Agency
Region V
230 S. Dearborn Street
Chicago, IL 60604

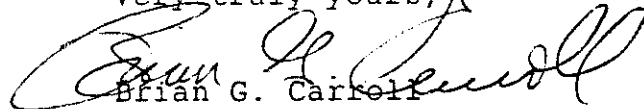
RE: Request for Information pursuant to Sec. 104(e) of
CIRCLA and Sec. 3007 of RCRA, for Chem Science, Inc.
site in Germantown, Wisconsin

Dear Ms. Gonzalez:

This letter is simply to confirm our telephone conversation of April 30, 1990. As you know, I had requested a 30 day extension to respond to the Request for Information on behalf of WOW Distributing Co., Inc., Harlan Woyahn and Theodore Levenhagen. You have granted a 14 day extension to each of the respective parties. You have also advised us that we can discuss a further extension if needed.

Thank you for your cooperation in this matter.

Very truly yours, ^A


Brian G. Carroll

BGC:jes

cc: Attorney Richard Reilly
Attorney Arthur Harrington
Mr. Harley Woyahn
Mr. Ted Levenhagen
WOW Distributing Company

LAW OFFICES OF

BODE, GROSS & CARROLL, S.C.

20800 Swenson Drive, Suite 150
P.O. Box 556
Waukesha, WI 53187-0556

Phone: (414) 797-9907
Fax: (414) 797-8020

April 24, 1990

Ms. Maria Gonzalez
Office of Regional Counsel
U.S. Environmental Protection Agency
Region V
230 S. Dearborn Street
Chicago, IL 60604

RE: EPA Investigation Request/WOW/Chem Science Germantown
Facility

Dear Ms. Gonzalez:

This letter is simply to confirm our recent telephone conversation with regard to the above captioned matter. As per our conversation, our firm is in receipt of the Request for Information pursuant to Section 104.(e) of CERCLA and Section 3007 of RCRA on behalf of WOW Distributing Company, Inc. We have also received notice from Harley Woyahn and Ted Levenhagen that they have received their Request for Information.

As per our conversation, we are in the process of ascertaining what, if any, conflict of interest may exist between the parties. We have also retained Arthur J. Harrington of the Law Firm of Godfrey & Kahn, S.C. with regard to this matter. Mr. Harrington is in the process of formalizing these arrangements in this matter.

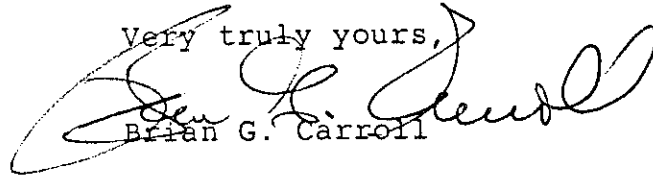
We are, therefore, requesting a 30 day extension for the response to Request for Information. As per our conversation, we are attempting to answer the Request as diligently as possible.

Could you please advise as to whether you have an objection to the extension.

Ms. Maria Gonzalez
April 24, 1990
Page 2

Thank you for your anticipated cooperation in this matter.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Brian G. Carroll", is written over the typed name. The signature is fluid and cursive, with a large loop at the end.

Brian G. Carroll

BGC:jes

cc: Attorney Richard Reilly
Attorney Arthur Harrington
Mr. Harley Woyahn
Mr. Ted Levenhagen
WOW Distributing Company